



BOROUGH OF BRIDLINGTON

**ANNUAL
REPORT**

of the

Medical Officer of Health

for the year 1970

including

ANNUAL REPORT

of the

Chief Public Health Inspector

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HEALTH COMMITTEE

Chairman:

Alderman F. G. WEBB

Members:

Councillor W. M. BROWN

Councillor D. A. PHILLIPS

Alderman O. W. CLAPP

Councillor L. PRINCE

Councillor S. PEARSON

Councillor MISS B. SLACK

(Deputy Chairman)

Councillor F. T. WATERWORTH

Town Clerk:

S. BRIGGS, LL.B.

PUBLIC HEALTH STAFF:

Medical Officer of Health, Port Medical Officer, Divisional Medical Officer
(East Riding County Council):

R. SCHOFIELD, M.D., D.C.H., D.P.H.

Chief Public Health Inspector and Director of Public Cleansing:

W. E. FEATHERSTONE, D.M.A., M.A.P.H.I., A.M.Inst.P.C.

Deputy Chief Public Health Inspector:

J. B. SIDEBOTTOM, M.A.P.H.I.

Additional Public Health Inspectors:

C. JACKSON, M.A.P.H.I.

T. C. L. MILLS, M.A.P.H.I.

Student Public Health Inspector:

C. J. WOOD

commenced 29th September, 1970

Clerks, Public Health Department:

(Chief) P. H. WOOD, Misses P. BROWN, E. UNDERWOOD and
M. A. WARDILL

Health Office,
4 St. John's Avenue,
Bridlington.
July, 1971.

To the Mayor, Aldermen and Councillors
of the Borough of Bridlington.

Mr. Mayor, Ladies and Gentlemen,
I have pleasure in presenting the Annual Report for the year 1970.

Vital Statistics

The Registrar General's figures for the year indicate a mid-year population of 26,420, 10 less than in 1969.

During the year there were 308 live births and 442 deaths, compared with 330 births and 511 deaths in 1969. The adjusted birth rate for the Borough of 14.5 is lower than the national birth rate of 16.0 per thousand population. The adjusted death rate of 10.7 compares favourably with the national death rate of 11.7 per thousand population. The high crude death rate in Bridlington (16.7 per 1,000) is due entirely to the high proportion of old people in the population.

The causes of death follow the expected pattern, with diseases of the heart and circulation accounting for nearly two-thirds, and cancer a further 19%. Cancer of the lung and bronchus remains the most common cancer, with 23 cases. Perhaps these deaths should be included in the category of "suicide and self-inflicted injuries"? In all, 172 deaths were due to two causes associated with cigarette smoking, namely lung cancer and ischaemic heart disease. At a conservative estimate, some 70 of these deaths were due to cigarette smoking. This does not take into account the influence of smoking in other chest and circulatory diseases and peptic ulcer.

There were 5 deaths of infants under one year of age compared with 11 in 1969 and 14 in 1968. Four of the deaths were in the first week of life. In previous years I have commented on the wide fluctuations to be expected from year to year when one is dealing with such small numbers.

Measles

The occurrence of 269 cases of measles calls for comment in relation to the measles vaccination campaign.

Measles vaccination was introduced in 1968. Initial difficulties with supplies of vaccine were encountered, and for a time vaccination could only be offered to children in a restricted age group. When these difficulties were overcome, all children under the age of fifteen who had not had measles were offered vaccination, and it was decided that the best age for routine vaccination was during the second year of life. The very small number of cases of measles in 1969 (13 only), is at least in part a reflection on the success of vaccination.

In March, 1969, the Department of Health and Social Security decided to withdraw supplies of measles vaccine from one manufacturer because

of reports of untoward reactions following its use. It should be stressed that, although the complications following this vaccine were more common than with other strains, they were extremely rare, insignificantly so compared to the complications of measles. However, the resulting adverse publicity, coupled with shortage of vaccine, virtually brought the vaccination campaign to a halt. It was not until the Spring of 1970 that adequate supplies of vaccine were restored. By then, public enthusiasm had waned and the demand for vaccination was negligible.

It was realised that the sudden cessation of vaccination could lead to a dangerous situation, with the accumulation of large numbers of young children unprotected by vaccination or natural infection. It came as no surprise that cases of measles began to occur in the early summer of 1970, finally reaching the proportions we have expected in the past during alternate winters. Fortunately the cases were not unduly severe, and the outbreak has had the good effect of reviving interest in vaccination. During the latter part of the summer the demand increased considerably, and vaccine supplies were adequate.

Rubella

A further advance in 1970 was the introduction of immunisation against rubella (German Measles). Rubella is a mild illness, often so mild as to go unrecognised, but its effect on the unborn baby of a woman infected in early pregnancy can be disastrous. The defects produced in the baby vary according to the exact time of pregnancy when infection occurs, and include heart defects, deafness and blindness. By immunisation we aim to prevent these defects by protecting women from infection during their child-bearing years. There is thus a distinction from, for example, diphtheria and measles immunisation where we are aiming to eliminate the disease completely from the community.

Routine immunisation against rubella is advisable before a girl reaches child-bearing age, and is carried out between the ages of 11 and 14 years. Women of child-bearing age can be immunised, but there are difficulties at this age, and they are, therefore, advised to consult their family doctor. The response to the immunisation campaign has been excellent, with an acceptance rate of over 95%. Most parents appear to be well aware of the dangers of this otherwise trivial disease when it occurs in early pregnancy.

Health Department

In May, 1970, the Divisional Health Office, and office of your Medical Officer of Health moved to adapted premises in St. John's Avenue. For many years the staff have been housed in inadequate accommodation in the Oxford Street Clinic, where they have occupied accommodation needed for clinic purposes. As a result of the move it has been possible to improve the working conditions of the staff, and also to use the whole of the Oxford Street premises for clinic purposes. Some internal improvements have been carried out to improve the running of the clinic for the next few years until the proposed Health Centre is built. At the time of

writing, the prospects for this seem good for the not too far distant future.

A Health Centre in Bridlington would provide accommodation for family doctors and the Local Authority Services under one roof. Personnel would have ideal working conditions and there would be close co-operation between them, all to the benefit of the patient. Criticism of health centres has tended to suggest that they are huge impersonal places akin to the worst type of hospital out-patient department. This would not be so in the case of Bridlington. The family doctors would continue to see their own patients, and a patient would still be able to choose his own doctor. There would be no question of the doctors being compelled to adopt any particular method of practice; each would retain his own individuality. The standard of the premises and ready availability of ancillary services would ensure the patient receiving the best possible service.

Schools

Since the publication of the last Annual Report, a limited amount of supplementary indoor lavatory accommodation has been provided at Burlington and Moorfield Infant Schools. We had hoped that this would be the first step towards the replacement of the out-of-date facilities at these schools. Mr. Featherstone, in his report, refers to the unsatisfactory way in which the work had been carried out. It is hoped that when indoor lavatories are provided at the Junior Schools, the work will be carried out to accepted modern standards.

The Future Structure of Local Government and the National Health Service

In the last report, I referred to the belated appearance of the Maud Report. The General Election of 1970 proved to be the death sentence for the Royal Commission's proposals. The new Government soon announced its plans for a new 2-tier Local Government structure. In this area the proposal is for a new County Authority consisting of Hull, Goole and most of the East Riding. Within this first-tier Authority would be district councils whose boundaries are still to be determined. Reorganisation is to be complete within three years, the new authorities taking over on 1st April, 1974.

At the same time, the National Health Service will be reorganised. The current proposals contained in a Consultative Document, are for regional authorities with the same boundaries as the present Regional Hospital Boards, and area authorities with the same boundaries as the new County authorities. All the members of the regional authorities will be selected by the Secretary of State. At area level, some members will be appointed by local authorities, one by the University providing the Regional teaching facilities, and the rest by the regional Authority. At least two doctors and a nurse or midwife must be included, and the Secretary of State will appoint the chairman.

The area health authorities are to be the operational authorities responsible for planning, organising and administering comprehensive

health services. Within the area, it appears that administrative units are to be based on district general hospitals. Family practitioner services are to have their own committee "with a composition like that of the present executive councils", separately financed and dealing direct with the Central (Government) Department. Thus it appears that the family practitioner service will continue to be administered by executive councils reconstituted under a different name, allegedly as committees of authorities to which they are not responsible. The logic of this is difficult to follow.

The regional health authorities will be responsible for general planning, allocating resources to area authorities, and for co-ordinating their activities and monitoring their performance. The composition of both regional and area health authorities suggests that the Central Department intends to exercise firm control over the running of the health services. Local participation is limited to community health councils, consultative bodies devoid of powers and with negligible functions.

X | A major problem in this area would concern the hospital service. The whole of the proposed North Humberside area contains only one hospital of district general hospital standard, and that is in Hull. Access to this hospital from Bridlington by public transport is probably easier than to Scarborough Hospital (as long as the railway survives), but the distance and travelling times involved are too great for more than occasional use. There seems to be a good case for the provision of a second district general hospital in the northern part of the area. The new Bridlington Hospital would be ideal for this purpose.

The consultative document leaves many important questions unanswered. The school health service is dismissed in one sentence—"future arrangements for the school health service will require special consideration". The two alternatives would be to integrate it with the other health services, or to leave it with the education service (i.e. with local government). Either would have disadvantages. It is illogical to separate a service for children between 5 and 16 years from similar services for the under-fives and adults. At the same time, the complex inter-relationship between health and education requires school medical officers to be in close contact with schools. It would be a tragedy if the links which exist here were to be broken, and the victims of the tragedy would be the children. The basic problem arises from the decision to remove health services from local authorities.

Another point concerns that nebulous creature the community physician. Much has been written and said about this person's possible functions, all speculative. It has become fashionable to read papers at conferences and write articles in medical journals setting out the author's own ideas of what a community physician should be and do. We still await an authoritative pronouncement on these matters from the Central Department. We are constantly reassured that there will be a place for specialists in preventive medicine, epidemiology and the many other skills of the Medical Officer of Health in the new Health Service, but the place remains undefined. Is it too much to ask that we should be put out of our misery? May we have some firm ideas of the prospects awaiting us in less than three years time?

Miscellaneous

Water continued to be supplied by the East Yorkshire (Wolds Area) Water Board and was satisfactory in quality and quantity. Sewage disposal continued as in previous years.

In presenting this report I would like to express my thanks to the Staff of my Department for their work during the year, and to the Chairman and Members of the Health Committee for their constant interest and support.

I am,

Yours faithfully,

R. SCHOFIELD,
Medical Officer of Health.

STATISTICS

GENERAL

Area in acres.....	5,701
Population 1970 Registrar General.....	26,420
Rateable value at 31st March, 1970.....	£1,081,183
Sum represented by a penny rate.....	£4,335
Estimated number of inhabited houses.....	10,516

VITAL

Live Births	
Number.....	308
Crude Birth Rate.....	11.7
Adjusted Birth Rate: Comparability factor R.G. 1.24.....	14.5
Illegitimate live births (per cent of total live births).....	10.0
Still Births	
Number.....	7
Rate per 1,000 total live and still births.....	22.2
Total live and still births.....	315
Infant Deaths (deaths under 1 year).....	5
Infant Mortality Rates	
Total infant deaths per 1,000 total live births.....	16.2
Legitimate infant deaths per 1,000 legitimate live births..	7.2
Illegitimate infant deaths per 1,000 illegitimate live births....	96.7
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births).....	13.0
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births).....	13.0
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births).....	35.0
Maternal Mortality (including abortion)	
Number of deaths.....	—
Rate per 1,000 total live and still births.....	—

DEATHS

Deaths	
Number.....	442
Crude Death Rate.....	16.7
Adjusted Death Rate: Comparability factor R.G. 0.64....	10.7
Deaths from Pulmonary Tuberculosis.....	—
Rate per 1,000 population.....	—
Deaths from other forms of Tuberculosis.....	1
Rate per 1,000 population.....	0.04
Deaths from Respiratory Disease.....	27
Rate per 1,000 population.....	1.02
Deaths from Heart Disease.....	167
Rate per 1,000 population.....	6.32
Deaths from Cancer.....	81
Rate per 1,000 population.....	3.06

PROVISIONAL STATISTICS—ENGLAND AND WALES

Births

Live Births.....	16.0 per 1,000 population
Still Births.....	13.0 per 1,000 total live and still birth

Deaths

Death Rate.....	11.7 per 1,000 home population
Infant Mortality.....	18.0 per 1,000 live births

BIRTHS AND DEATHS

Births, Deaths and Population during last 20 years

<i>Year</i>	<i>No. of Births</i>	<i>No. of Deaths</i>	<i>Population</i>
1951	324	424	24,750
1952	325	362	24,310
1953	317	354	24,390
1954	312	420	24,470
1955	247	401	24,520
1956	298	414	24,590
1957	278	420	24,780
1958	263	433	24,960
1959	324	432	24,970
1960	371	437	25,500
1961	384	495	25,590
1962	393	437	25,730
1963	375	464	26,000
1964	373	495	26,250
1965	361	496	26,250
1966	354	491	26,370
1967	340	468	26,370
1968	339	556	26,420
1969	330	511	26,430
1970	308	442	26,420

CAUSES OF DEATH IN BRIDLINGTON M.B. 1970 (R.G.)

	<i>Males</i>	<i>Females</i>
All Causes.....	200	242
Other Tuberculosis.....	—	1
Other Infective and Parasitic Diseases.....	—	1
Cancer, Buccal Cavity Etc.....	—	1
Cancer, Oesophagus.....	1	1
Cancer, Stomach.....	4	4
Cancer, Intestine.....	6	9
Cancer, Lung, Bronchus.....	18	5
Cancer, Breast.....	—	8
Cancer, Uterus.....	—	4
Cancer, Prostate.....	1	—
Cancer, Other Sites.....	8	11
Benign and Unspecified Neoplasms.....	—	1
Diabetes Mellitus.....	1	2
Avitaminoses, Etc.....	1	—
Other Endocrine Etc. Diseases.....	1	—
Mental Disorders.....	—	1
Multiple Sclerosis.....	2	—

Other Diseases of Nervous System,	—	2
Chronic Rheumatic Heart Disease	1	1
Hypertensive Disease	2	—
Ischaemic Heart Disease	77	72
Other forms of Heart Disease	6	8
Cerebrovascular Disease	29	59
Other Diseases of Circulatory System	13	8
Influenza	—	1
Pneumonia	4	9
Bronchitis and Emphysema	8	3
Asthma	—	1
Other Diseases of Respiratory System	1	—
Peptic Ulcer	—	2
Intestinal Obstruction and Hernia	3	—
Cirrhosis of Liver	—	1
Other Diseases of Digestive System	1	4
Nephritis and Nephrosis	—	1
Hyperplasia of Prostate	2	—
Other Diseases, Genito-Urinary System	—	2
Diseases of Skin, Subcutaneous Tissue	—	1
Diseases of Musculo-Skeletal System	—	4
Congenital Anomalies	1	1
Other causes of Perinatal Mortality	2	1
Symptoms and Ill-Defined Conditions	2	1
Motor Vehicle Accidents	2	2
All Other Accidents	1	8
Suicide and Self-Inflicted Injuries	1	1
All Other External Causes	1	—

AGE AND SEX DISTRIBUTION OF DEATHS—1970

	Males	Females	Total
Under 1 year	3	2	5
1 to 4 years	—	1	1
5 to 14 years	—	1	1
15 to 24 years	2	1	3
25 to 34 years	1	1	2
35 to 44 years	1	4	5
45 to 54 years	4	9	13
55 to 64 years	23	24	47
65 to 74 years	71	52	123
75 and over	95	147	242
	200	242	442

INFANTILE DEATHS

Cause of Death	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total deaths under one year
Congenital Anomalies	1	—	—	—	1	1	—	—	—	2
Other Causes of Perinatal Mortality	3	—	—	—	3	—	—	—	—	3

INFANTILE MORTALITY RATE 1960-1970

Year	Number of Deaths	Rate per 1,000 live births
1960	7	18.9
1961	14	34.5
1962	9	22.9
1963	7	18.6
1964	12	32.1
1965	7	19.3
1966	6	16.9
1967	7	20.5
1968	14	41.2
1969	11	33.3
1970	5	16.2

INFECTIOUS DISEASES

INFECTIOUS DISEASES NOTIFIED DURING 1970

Notifiable Diseases	—Under 1 year	— 1-4 years	— 5-14 years	—15-24 years	—25-44 years	—45-64 years	—Over 65 years	—Age unknown	—Total Deaths
Food Poisoning.....	1	—	—	—	—	—	—	—	—
Measles.....	5	135	127	2	—	—	—	—	—
Acute Meningitis.....	—	1	1	—	—	—	—	—	—

INFECTIOUS DISEASES NOTIFIED 1960-1970

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Dysentery.....	—	—	1	—	—	1	—	2	1	—	—
Erysipelas.....	1	—	—	—	—	—	—	—	—	—	—
Food Poisoning.....	—	3	—	—	—	—	—	1	22	1	1
Measles.....	9	377	7	283	21	174	34	174	269	13	269
Meningococcal Infection.....	—	—	1	—	—	—	—	—	1	—	—
Pneumonia.....	7	4	1	—	1	—	1	—	—	—	—
Poliomyelitis (Paralytic).....	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever.....	9	8	—	1	1	2	2	—	2	2	—
Whooping Cough.....	14	2	—	3	5	—	—	3	—	—	—
Infective Jaundice.....	—	—	—	—	—	—	—	—	15	21	—
Acute Meningitis.....	—	—	—	—	—	—	—	—	—	4	2
Meningo-encephalitis.....	—	—	—	—	—	—	—	—	—	1	—

TUBERCULOSIS

The Register of Tuberculosis for the year is as follows:—

	Pulmonary		Non-Pulmonary		Total
	Males	Females	Males	Females	
Number of cases on the Register at 31st December, 1969.....	110	69	5	10	194
Added to the Register:					
(a) Cases notified for the first time during the year.....	2	1	—	—	3
(b) Un-notified cases brought to notice otherwise than by formal notifications.....	—	—	—	—	—
(c) Inward transfers.....	—	—	—	—	—
Removed from the Register on account of death, change of address, etc.....	—	—	—	—	—
Number of cases on the Register at 31st December, 1970.....	112	70	5	10	197

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

HOSPITAL SERVICES

The hospitals in the town are under the Scarborough, Bridlington and Whitby Group of the Leeds Regional Hospital Board and are as follows:—

Avenue Hospital

This hospital has 21 maternity, 17 acute medical, 10 post operative, 10 geriatric beds and 8 special care baby cots. During the year there were 513 live births. 238 medical and 239 surgical patients were admitted.

Ante and post natal clinics are also held at this hospital.

Lloyd Hospital

This is a small general hospital, and a summary of the work carried out during the year is as follows:—

Total admissions, 1,665. Out-patient Clinics, 4,236 new patients with 13,795 attendances. X-ray Department, 5,110 attendances. Physiotherapy Department, 827 new patients with 12,085 attendances. Accident and Emergency, 9,522 new patients with 20,527 attendances. Operations, 1,582.

Bempton Lane

This hospital has 72 geriatric beds, and during the year 147 patients were admitted.

Miniature Mass Radiography

The Miniature Mass Radiography Unit of the Leeds Regional Hospital Board visited the "3 B's" Car Park on the second and fourth Tuesdays in each month from 10.45 a.m. to 11.15 a.m. 335 persons were examined during 1970.

NURSING HOMES

There is one Nursing Home on the Borough Register, namely Kings Lynn Nursing Home. The Hayburn ceased operating as a Nursing Home at the end of 1969 and is now registered as an Old Persons' Home.

NATIONAL ASSISTANCE ACT, 1948

Part III Accommodation

Accommodation is provided by the County Council at Burlington House, Danes Lea and Carr Head. These three Homes together have beds for 154 elderly persons.

Section 47

Proceedings under this Section were taken on one occasion during the year.

LOCAL HEALTH AUTHORITY SERVICES—

NATIONAL HEALTH SERVICE ACT, 1946

The following services are provided in the Borough by the East Riding County Council as the Local Health Authority:—

Infant Welfare Clinics

The Oxford Street Infant Welfare Clinic is held every Monday and Thursday afternoons, and attendances during the year were as follows:—

By infants under 1 year of age.....	2,143
By children 1 to 5 years.....	574

Domiciliary Midwifery Service

During the year the three Nurse/Midwives residing in the Borough attended 2 domiciliary births.

Health Visiting

Four Health Visitors work in the Bridlington area from the Divisional Health Office, 4 St. John's Avenue, Bridlington (telephone number 77141).

Home Nursing Service

This service is run in conjunction with the Domiciliary Midwifery Service and six Nurses (three of whom are also Midwives) reside and work in the the Borough.

Ambulance Service

The County Council's Ambulance Station is situated in St. John Street (telephone number 2421).

Domestic Help

Home Help service which is rendered in the Borough is administered at County Hall, Beverley and all applications for the service are dealt with by the Home Help Organiser (telephone number 0482 881281).

LOCAL EDUCATION AUTHORITY—SCHOOL HEALTH SERVICES

Routine medical inspections are carried out of all children attending Local Education Authority schools in the Borough. In addition the following facilities are provided at the County Council's Oxford Street premises:

Minor Ailment Clinic.....	Daily 9 a.m. to 9.30 a.m.
Dental Clinic.....	Daily by appointment
Speech Therapy.....	Four weekly sessions

OTHER LOCAL AUTHORITY SERVICES

Buckrose Health Division Co-ordinating Committee

Once every two or three months a co-ordinating committee, under the aegis of the County Council, meets in Bridlington to co-ordinate the work of Officers in the District who are concerned with the welfare of children. The primary objects of the committee are the prevention of cruelty to children in their own homes and the prevention of break-up of families.

On the committee are representatives of the County Children's Department, the County Health Department, the School Welfare Department, the County Welfare Department, the Housing Managers of the District Councils, the Department of Health and Social Security, the National Society for the Prevention of Cruelty to Children, the Women's Royal Voluntary Service, Probation Officers and a Marriage Guidance Counsellor. Representatives of other organisations are co-opted from time to time as the need arises. Your Medical Officer of Health in his capacity as Divisional Medical Officer takes the chair of the Committee.

PUBLIC HEALTH LABORATORY SERVICE

Specimens for bacteriological examination are sent to the Public Health Laboratory of the Medical Research Council at Hull.

VOLUNTARY ORGANISATIONS

British Red Cross

The British Red Cross Society, acting as agents for the County Council, provide a service for the loan of nursing requisites which may be needed for temporary periods for sick persons being nursed in their own homes. In Bridlington the Depot for these requisites is under the control of Miss Tucker, Divisional Headquarters, Wellington Road, Bridlington.

Women's Royal Voluntary Service

The W.R.V.S. provide numerous services in the Borough, which include:

Meals on Wheels

Good neighbour services

Darby and Joan Clubs

Trolley shop at Avenue Hospital and Burlington House

Assistance with renewal of batteries for deaf aids

Clothing in cases of need or emergency

Canteen service at Lloyd Hospital for out-patients.

Family Planning

East Riding County Council hold a clinic on the first, second and third Wednesdays in each month. Attendance is by appointment.

Cervical Cytology

East Riding County Council hold a cervical cytology session at the Oxford Street Clinic when required.

National Society for the Prevention of Cruelty to Children

Bridlington lies within the North East Yorkshire Branch of the National Society for the Prevention of Cruelty to Children, and cases requiring the services of the Society were visited by Inspector Hammer working from York. Inspector Hammer's work is much appreciated by those of us in the area concerned with child welfare.

ANNUAL REPORT OF PORT HEALTH AUTHORITY FOR 1970

The Port of Bridlington is not a Food Importing Port, nor is there any Passenger Traffic.

SECTION I—STAFF TABLE A

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointments held
R. Schofield	Medical Officer of Health	1.7.1967	M.D., D.C.H., D.P.H.	Divisional Medical Officer and Divisional School Medical Officer, East Riding County Council
Address and telephone number of the Medical Officer of Health		} Divisional Health Office, 4 St. John's Ave., Bridlington. Telephone number 77141.		

SECTION II AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR TABLE B

Ships from	Number	Net Tonnage	Number Inspected		Number of ships reported as having or having had during the voyage infectious diseases on board
			By the M.O.H.	By P.H. Inspector	
Foreign Ports.....	9	1,357	—	—	—
Coastwise.....	—	—	—	—	—
Foreign Fishing Craft (mainly for shelter).....	—	—	—	—	—
Total.....	9	1,357	—	—	—

SECTION III CHARACTER OF SHIPPING AND TRADE DURING THE YEAR TABLE C

Passenger Traffic.....	Number of passengers INWARDS.....	Nil
	Number of passengers OUTWARDS.....	Nil
Cargo Traffic.....	Principal IMPORTS.....	Potash
	Principal EXPORTS.....	Fertiliser
Principal Ports from which ships arrive.....		
Wismar and Hamburg		

SECTION IV INLAND BARGE TRAFFIC

Numbers and tonnage using the district and places served by the traffic.....Nil

SECTION V

WATER SUPPLY

- | | |
|--|--------------|
| (1) Source of supply for (a) the district, and (b) shipping | Town |
| (2) Reports of tests for contamination | None taken |
| (3) Precautions taken against contamination by hydrants and hosepipes | Satisfactory |
| (4) Number and sanitary condition of water boats, and powers of control by the Authority | Nil |

SECTION VI

PUBLIC HEALTH (SHIPS) REGULATIONS 1952

(1) List of Infected Areas (Regulation 6)

Arrangements for the preparation and amendment of the list, the form of the list, the persons to whom it is supplied, and the procedure of supplying it to those persons

Nil

(2) Radio Messages

(a) Arrangements for sending permission by radio for ships to enter the district (Regulation 13)

Through Humber Radio and normal telephone (link).

(b) Arrangements for receiving messages by radio from ships and for acting thereon (Regulation 14(1) and (2))

Via Harbour Master

(3) Notifications otherwise than by Radio (Regulations 14(1) (b))

Arrangements for receiving notifications otherwise than by radio and for acting thereon

Via Harbour Master

(4) Mooring Stations (Regulations 22 to 30)

Situation of stations, and any standing directions issued under these Regulations

Under direction of Harbour Master

(5) Arrangements for:—

(a) Hospital accommodation for infectious diseases (other than smallpox—see Section VII)

Provided by Leeds Regional Hospital Board

(b) Surveillance and follow-up of contacts

Medical Officer of Health

(c) Cleansing and disinfection of ships, persons, clothing and other articles

Health Department

SECTION VII

SMALLPOX

(1) Name of Isolation Hospital to which smallpox cases are sent from this district

Castle Hill Infectious Diseases Hospital, Cottingham.

(2) Arrangements for transport of such cases to that hospital by ambulance giving the name of the Authority responsible for the ambulance and the vaccinal state of ambulance crews

East Riding County Council.
Vaccinal state satisfactory

(3) Name of smallpox Consultant available

Dr. S. Jamieson, Castle Hill Hospital, Cottingham, and Dr. A. Hutchinson, Guildhall, Kingston-upon-Hull.

(4) Facilities for laboratory diagnosis of smallpox

In accordance with Part III of the Ministry of Health Scottish Home and Health Department Medical Memorandum on the diagnosis of smallpox.

SECTION VIII VENEREAL DISEASES

Information as to the location, days and hours of the available facilities for the diagnosis and treatment of venereal disease among merchant seamen under international arrangements, including in-patient treatment and the steps taken to make these facilities known to seamen

Mill Street Clinic, Health Department, Kingston-upon-Hull 10 a.m. to 12 noon Monday to Friday, 5 p.m. to 6 p.m. Monday, Tuesday, Thursday and Friday and 5 p.m. to 7 p.m. Wednesday. 2 p.m. to 4 p.m. Monday, females only.
St. Mary's Hospital, Scarborough 10.30 a.m. to 12.30 p.m. every Thursday. 10.30 a.m. to 12.30 p.m. and 1.30 p.m. to 3.30 p.m. Monday, Tuesday, Wednesday and Friday.

SECTION IX CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS TABLE D

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	—	—	—	—
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	—	—	—	—
Cases landed from other ships	—	—	—	—

A short account should be given of the measures taken on arrival by ship of:—

- | | |
|---|--------------------------|
| (a) Any cases of smallpox, cholera, plague, yellow fever, typhus or relapsing fever included in Table D | There were no such cases |
| (b) Any suspected case of any such disease | No suspected cases. |

SECTION X OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No cases notified.

SECTION XI MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No infected or suspected ships arrived.

SECTION XII MEASURES TAKEN AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

- | | |
|--|--|
| (1) Procedure for inspection of ships for rats | By Public Health Inspector. |
| (2) Arrangements for the bacteriological or pathological examination of rodents, with special reference to rodent plague, including the number of rodents sent for examination during the year | Specimens submitted to Public Health Laboratory Service, Kingston-upon-Hull.
Nil rats examined. |
| (3) Arrangements in the district for de-ratting ships, the methods used, and if done by a commercial contractor, the name of the contractor | Poisons—Trapping by Local Authority Rodent Operative. |
| (4) Progress in the rat-proofing of ships | Nil |

TABLE E
RODENTS DESTROYED DURING THE YEAR IN SHIPS FROM
FOREIGN PORTS

Category	Number
Black rats	Nil
Brown rats	Nil
Species not known	Nil
Sent for examination	Nil
Infected with plague	Nil

TABLE F
DE-RATTING CERTIFICATES AND DE-RATTING EXEMPTION
CERTIFICATES ISSUED DURING THE YEAR FOR SHIPS
FROM FOREIGN PORTS

No. of De-ratting Certificates issued				No. of De-ratting Exemption Certificates issued	Total Certificates issued
After fumigation with	After Trapping	After Poisoning	Total		
Nil	—	—	—	—	—

SECTION XIII
INSPECTION OF SHIPS FOR NUISANCES

TABLE G
INSPECTIONS AND NOTICES

Inspections		Notices served		Result of serving Notices
Nature	No.	Statutory Notices	Other Notices	
Nil	—	—	—	—

SECTION XIV

PUBLIC HEALTH (SHELL-FISH) REGULATIONS 1934 & 1948

Information respecting any shell-fish beds or layings within the jurisdiction of the Authority stating whether they are, in the opinion of the Medical Officer of Health, liable to pollution. A report of any action taken, which should state whether any prohibited area has been prescribed, should be included.....

No shell-fish layings.

SECTION XV

MEDICAL INSPECTION OF ALIENS (APPLICABLE ONLY TO
PORTS APPROVED FOR THE LANDING OF ALIENS)

Not applicable.

SECTION XVI

MISCELLANEOUS

Arrangements for the burial on shore of persons who have died on board ship from infectious disease.....

By Parks and Gardens Department on behalf of the Bridlington Borough Council.

ANNUAL REPORT OF CHIEF PUBLIC HEALTH INSPECTOR FOR THE YEAR 1970

Health Department,
Town Hall,
Bridlington.

To The Mayor, Aldermen and Councillors
of the Borough of Bridlington.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report for 1970 concerning the Environmental Health Duties undertaken by the department.

Despite the difficulty in filling the post of Additional Public Health Inspector, we managed during the year to cope with all the numerous duties placed upon us. It does mean, however, that there are many important aspects of our work which do not get the attention that is warranted through the time factor which is very limited. This is only too evident in the field of Improvement Areas where there has been no progress at all.

The improvement programme at the slaughterhouse is now nearing completion and should lead to much improved working conditions for the staff working there. The inspection of food premises is one of the more demanding duties and we have endeavoured to visit as many premises as possible during the holiday season, in order to maintain standards at a high level.

In submitting this report I would like to express my thanks to the Chairman and Members of the Health Committee and to my own staff for the support they have given me.

I am,

Yours faithfully,

W. E. FEATHERSTONE,

Chief Public Health Inspector

PUBLIC HEALTH INSPECTIONS

INSPECTIONS CARRIED OUT BY PUBLIC HEALTH INSPECTORS

NUMBER OF INSPECTIONS FOR ALL PURPOSES

Environmental Health	4,915
Housing inspections	1,078
Food inspections	2,726
Shops Act inspections (Closing hours, etc.)	7
Factory inspections	116
Offices, Shops and Railway Premises Act inspections	237
Miscellaneous Visits	1,597
Total	10,676

NOTICES SERVED

Preliminary Notices served	92
Preliminary Notices complied with	28
Statutory Notices served	10
Statutory Notices complied with	—

SUMMARY OF PUBLIC HEALTH INSPECTIONS

Animal Boarding Establishments	2
Camping Grounds	316
Civic Amenities Act	103
Dangerous Buildings	18
Ditches and Watercourses	106
Drains and Sewers	333
Dustbins	139
Dwelling Houses	194
Dwelling Houses Re-inspections	113
Hairdressers	4
Keeping of Animals	24
Litter Act	26
Miscellaneous Visits	1,550
Moveable Dwellings	139
Noise Nuisance	59
Offensive Accumulations	45
Offensive Smells	76
Offensive Trades	4
Pet Animals Act	6
Piggeries	3
Public Conveniences	228
Refuse Collection	228
Refuse Disposal	258
Riding Establishments Act	18
Rodent Control	195
Schools	39
Scrap Metal Dealer	9
Street Cleansing	136
Verminous Premises and Disinfestation	70
Water Supply	7
Yards and Passages	467
Total	4,915

DRAINAGE

Total number of obstructed drains and water closets	Found 391	Remedied 372
---	--------------	-----------------

DISINFECTIONS AND DISINFECTATIONS

No progress has been made with regard to the provision of a cleansing station for bedding and clothing as it is proving very difficult indeed to obtain a suitable site which is both acceptable and accessible to males and females. During the year some 70 premises were treated for vermin of one kind or another and I think these figures amply demonstrate the need to keep a close watch and look out for the presence of vermin not only in properties but also in the personal effects of people who move from premises which have been so infested. Perhaps the major problem in this connection is the high turnover of secondhand furniture in certain sections of the boarding house, flat and other premises which take guests, who for differing reasons purchase secondhand beds together with spring interior mattresses which can quite easily be infested with bugs and very often it is difficult to determine where such items of furniture were originally stored or used. I would ask anyone who purchases furniture of this nature to make doubly sure that it is not infested with vermin and anyone who is not sure in such cases should contact the department in order that we can assist them. By doing so I can assure everyone concerned that it will save a lot of distress at a later stage should such items be found to be infested in the manner that I have described. Very often, in such cases, it is necessary for the whole of the premises to be inspected and where cases are proved to be positive many items of furniture have to be destroyed and this, as everyone knows, can be a very expensive exercise so therefore I would ask all people who deal in this trade to be on their guard and never be frightened of securing advice which would be given most willingly.

Ants	4
Bed Bugs	1
Bees	9
Beetles	2
Clover Mites	2
Cockroaches	9
Earwigs	5
Fleas	1
Plaster Beetles	1
Wasps	95
Woodlice	2
Total	131

PREVENTION OF DAMAGE BY PESTS ACT 1949 Summary of Action Taken

Properties other than Sewers	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district...	12,597	37
2. (a) Total number of properties (including nearby premises) inspected following notification.....	64	—
(b) Number infested by (i) Rats..	43	—
(ii) Mice..	21	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification.....	69	37
(b) Number infested by (i) Rats..	—	7
(ii) Mice..	—	—

PET ANIMALS ACT 1951

Regular inspections have been carried out at the premises licensed in respect of the Act and on each occasion these have been found in a satisfactory condition.

THE ANIMAL BOARDING ESTABLISHMENTS ACT 1963 THE RIDING ESTABLISHMENTS ACTS 1964 AND 1970

Routine inspections have been carried out by the veterinary surgeon at premises coming within the jurisdiction of the above Acts and the premises from his point of view have been maintained in a satisfactory condition.

FOOD CONTROL

Slaughterhouse

A total of 8,524 animals were slaughtered in the borough during the year. This shows a decrease of 58 animals over the previous year which means that the decrease in slaughtering has levelled out. It is significant to note that the number of animals slaughtered by private butchers fell by some 534 whereas the number of animals slaughtered by Bridlington Butchers Ltd. increased by 576.

We have proceeded with the improvement programme to the slaughterhouse itself and we are at the present point in time just about to complete the re-decoration of the slaughterhouse itself together with the cooling hall, using materials which we think will be more beneficial in that they are said to have a much longer life and will enable us to carry out all essential cleaning much easier. Further improvements are envisaged on the lairage section and we should by the end of the forthcoming year be well on the way to bringing the slaughterhouse up to a reasonable standard both from a structural and working point of view. Full meat inspection services have been maintained at all times during a period when staff arrangements for this vital service have been most difficult and it is to be hoped that this situation will never be allowed to interfere with this most vital of our essential services.

Total number of visits to slaughterhouse by Public Health Inspectors
--

850

MEAT INSPECTION

Carcases inspected and condemned	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1,320	—	4	4,752	2,449
Number inspected	1,320	—	4	4,752	2,449
Tuberculosis only:					
Whole carcasses condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	13
Percentage of number inspected affected with Tuberculosis	—	—	—	—	.53
All Diseases except Tuberculosis:					
Whole carcasses condemned	—	—	—	1	2
Carcases of which some part or organ was condemned	447	—	—	171	553
Percentage of number inspected affected with disease other than Tuberculosis	33.86	—	—	3.62	22.66

Unsound Meat Condemned	Tons	Cwt.	Qrs.	lbs.
Tuberculosis only:				
Whole carcasses condemned	—	—	—	—
Carcases of which some part or organ was condemned	—	1	1	8
Total Weight	—	1	1	8
All Diseases except Tuberculosis:				
Whole carcasses condemned	—	2	1	12
Carcases of which some part or organ was condemned	3	1	3	3
Total Weight	3	4	0	15
Tuberculosis and Non-Tuberculosis:				
Total Weight	3	5	1	23

Incidence of Cysticercus Bovis	
Number of animals affected	13
Head	6
Heart Muscle	5
Thick Skirt	2
Percentage of animals affected with Cysticercus Bovis ...	1

Organs Involved

	Beasts	Calves	Sheep	Pigs
Tuberculosis only:				
Heads and Tongues	—	—	—	13
All Diseases except Tuberculosis:				
Heads and Tongues	11	—	1	5
Livers	150	—	40	331
Part Livers	262	—	—	—
Lungs	19	—	130	354
Kidneys	3	—	1	3
Udders	1	—	1	5
Hearts	7	—	7	192
Spleens	3	—	1	2
Stomachs	1	—	1	2
Intestines	—	—	1	2
Other carcase meat	2	—	6	26

OTHER FOODS

Other Foods examined in premises other than slaughterhouses and found to be unfit for human consumption

	Tins	Tons	Cwts.	Qrs.	lbs.	Ozs.
Tinned Foods	47	—	2	1	2	6
Open Foods		14	6	3	4	14
Total Weight		14	9	0	7	4

In addition 23 cheese spread sections, 2 chickens, 3 gross ice cream cones, 1 gallon orange drink, 270 sauce portions, 1,227 packets Sugrosa and 1,741 packets of foodstuffs were condemned.

Percentage of Food Animals with Tuberculosis

	1966	1967	1968	1969	1970
Cattle (excluding Cows)	0.07	0.13	0.07	—	—
Cows	—	—	—	—	—
Calves	—	—	—	—	—
Pigs	1.34	0.66	0.9	0.66	0.53

Summary of Carcasses Inspected

	1966	1967	1968	1969	1970
Cattle (excluding Cows).....	1,382	1,508	1,355	1,238	1,320
Cows.....	—	6	—	—	—
Calves.....	2	22	14	4	3
Sheep.....	4,845	5,857	5,821	4,461	4,752
Pigs.....	2,821	3,177	3,350	2,879	2,449
Totals.....	9,050	10,570	10,540	8,582	8,524

FOOD HYGIENE

General

The absence of a district public health inspector has meant that we have not been able to give as much attention as I would have liked to the question of regular inspections at food premises throughout the town. When speaking of food premises I mean the whole spectrum of such properties which are over 800 in number and range from bakehouses, butchers, hotels, restaurants, cafes right through down to the fish and chip shops. I think that most people will readily appreciate the enormous task in keeping such a variety of premises under constant surveillance is well nigh a physical impossibility, however I think it is fair to say that we do know those premises which have good management and which maintain high standards which does allow us more time to spend on those premises which leave much to be desired from a food hygiene point of view. There is no substitute in my opinion for regular inspections of all premises by the public health inspectors and it keeps proprietors on their toes which, in many cases, is a considerable help to people who have a large number of staff and who, during the holiday season, have great difficulty in getting them to understand the essentials of hygienic practices. There are one or two areas where I hope I shall be able to devote more time and attention and in particular I am thinking of the standards in some public houses which leave much to be desired. Glass washing very often is not properly carried out and there are some public houses which still use economisers in connection with the sale of draught beer. The whole question of the useage of overspilled beer is something which gives public health inspectors some cause for alarm owing to the varying standards of hygiene which in many instances leave much to be desired. A recent survey carried out among public houses in the Midlands showed that as many as 60% of the "clean" glasses used to serve beverage to customers were heavily contaminated with bacteria which, considering the type of organisms found on certain of the glasses, constituted a serious health hazard. Such high bacteria contamination of course was found to be where glasses were quickly swilled and re-filled or were washed in dirty water and dried with dirty cloths. The need for licensees to learn the importance of the use of detergent/sterilizers and the proper washing technique was also stressed. I see no reason to believe that the pubs in Bridlington are any different from those in the Midlands as my own observations from time to time find that there is a vast difference in standards between premises. There are several aspects of this situation which call for attention and of these I would consider the following are most important, firstly in many public houses, though they have hot and cold water and wash basins in the public conveniences, very often we find that there is an absence of soap and the drying facilities are invariably a roller towel which is filthy and not adequate for the number of customers using the premises. Having said that I would like to state from personal experience that it has been my misfortune to note that 90% of male customers who use the toilets do not wash their hands, which results in contamination of the glasses which they handle later when consuming beer. I would suspect that a lot more publicity will have to be given as to the dangers of these bad practices and in the meantime it is essential that the management ensures that all glasses where there are no machines for cleansing same are thoroughly clean and sterile by using an approved sterilizing agent. I feel that the time has come when all glasses should be washed in purpose-built washing units and that drying cloths which are invariably heavily contaminated with bacteria should be banned.

During the year the retailing of fresh meat pies, cooked meats, fresh sausage and other products of a similar nature has posed particular problems primarily because many people handling these foodstuffs do not seem to realise they are dealing with highly perishable commodities which should be carefully controlled at all stages between production and manufacture. The Manufacturer's responsibility is to supply such products in a fresh and wholesome condition and it is the retailer's duty to make sure that these products, whilst in his shop, remain fit for human consumption and in a marketable condition. Perhaps the greatest failing amongst shopkeepers has been their failure to adopt a system of coding to ensure proper stock rotation. This is most important when you realise that pies should, wherever possible, be sold on the same day as they are received but never after 48 hours from the day of delivery. Even during this limited shelf life it is essential that pies should be stored between 7°C to 10°C and should be provided with a free circulation of air and the temperature should never be allowed to fluctuate. The handling of these products must be kept separate from that of uncooked meat to avoid risk of contamination. Problems are also experienced with the sale of sausages as many people do not realise that they should be sold within 48 hours from the time they are received and not more than 72 hours when they are kept under refrigeration. At the present time there is considerable pressure being put on the food manufacturing industry to date stamp all their products and this will, to some degree, assist with this problem. It would not be a bad thing if they could at the same time set a food standard for meat pies and sausages which, from a food standard point of view, remain one of the biggest mysteries in the catering industry. By that I mean there is no official meat standard content which results therefore in a variety of standards throughout the country and I see no reason at all why this situation should be tolerated, as everyone has a right to know just exactly how much meat they are buying.

Recently there has been some confusion regarding the question of sanitary accommodation for patrons at premises where meals and snacks are partaken. Many people consider that they should not provide such facilities where they are only providing light meals. I think it is worth reiterating here that the policy taken on the question of providing sanitary accommodation for customers has been that we are not requiring them at existing premises which for one reason or another are unsuitable or there is just no room to provide this type of accommodation. Where, however, structural alterations are proposed, I have requested that these facilities must be incorporated. When people visit the town on holiday, together with their families, I think it is only reasonable that if one is having a meal, even though it may only be a light one, one should have the use of sanitary accommodation which is sited on the premises, because very often cafes and restaurants are not located within any reasonable distance of public conveniences apart from the fact that I think it is a liberty to expect people who are frequenting such premises to put up with such inconvenience. Further progress has been made with our film library and we are attempting to produce a special series of slides which will cover the whole of the food hygiene question and which can be shown to all organisations in the town who are interested.

FOOD PREMISES

Number of Types of Food Premises in the Borough

Bakehouses	30
Butchers Shops	30
Confectionery Shops	86
Crab Dressers and Boilers	5
Fried Fish Shops	25
Greengrocery Shops	24
Grocery Shops	76
Hotels and Boarding Houses	335
Ice Cream Manufacturers	12
Licensed Premises	80
Markets	1
Market Stalls	13
Restaurants, Cafes and Snack Bars	85
School Canteens	7
Slaughterhouses	1
Wet Fish Shops	13
Total	823

Premises Registered under the Food and Drugs Act, 1955

Butchers registered for manufacture of meat products	27
Crab Dressers and Boilers	5
Preserved Food Manufacturers (other than Butchers) .	27
Ice Cream Vendors	181
Ice Cream Manufacturers	12
Inspections of Registered Food Premises	211

Summary of Inspections of Food Premises

Bakehouses	37
Butchers Shops	63
Canteens	24
Confectionery Shops	114
Dairies—processing plants	7
Fried Fish Shops	42
Greengrocery Shops	71
Grocery Shops	221
Hospitals	11
Hotels and Boarding Houses	79
Ice Cream—manufacturing	46
Ice Cream—storage and sale	102
Licensed Premises	40
Markets	110
Mineral Water Manufacturer	7
Mobile Vehicles	1
Restaurants, Cafes and Snack Bars	310
Shellfish Processing	4
Slaughterhouses	6
Stalls	1,274
Wet Fish Shops	50
*Food and Drugs Act Enquiries	26
Unsound Food	81
Total	2,726
*Including food poisoning and foreign bodies.	

Foreign Matter and Mould

Commodity	Foreign Matter		Mould
	Number		Number
	Home produced food	Imported food	
Milk	—	—	—
Butter	—	—	—
Cheese	—	—	1
Bread	—	—	—
Canned meat	—	1 (Beetle) 1 (Beetle) 1 (Snail)	—
Cooked meat	—	—	—
Meat pies	—	—	1
Fish	—	—	—
Fruit	—	—	—
Jam	—	—	—
Vegetables	—	—	—
Cereals	—	—	—
Sweets	—	—	1
Confectionery	—	—	—
Other food — (Lemonade)	1 (Petrol)	—	—
Totals	1	3	3
Number of prosecutions under Section 2			—
Number of prosecutions under Section 8			—
Total amount of Fines and Costs imposed			—

Food Hygiene (General) Regulations 1960

	Number	
	Prosecutions	Convictions
General requirements	—	—
Requirements relating to persons engaged in the handling of food	—	—
Requirements relating to food premises	—	—
Totals	—	—
Total Fines and Costs	—	—
Number of premises disqualified	—	—
Periods of disqualification	—	—

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966

	Number	
	Prosecutions	Convictions
General requirements.....	—	—
Requirements relating to food handlers and the handling of food.....	—	—
Requirements relating to markets and stalls and delivery vehicles.....	—	—
Totals.....	—	—
Total Fines and Costs.....	—	

ICE CREAM SAMPLING

No. Taken	Grades			
	1	2	3	4
188	120	38	23	7
%	63.8	20.2	12.3	3.7

Summary of the Result of the Examination of Ice Cream Samples					
Month	Grade 1	Grade 2	Grade 3	Grade 4	Totals
January.....	—	—	—	—	—
February.....	—	—	—	—	—
March.....	—	—	—	—	—
April.....	—	—	—	—	—
May.....	—	—	—	—	—
June.....	15	5	6	4	30
July.....	50	8	10	—	68
August.....	45	19	7	3	74
September.....	10	6	—	—	16
October.....	—	—	—	—	—
November.....	—	—	—	—	—
December.....	—	—	—	—	—
Total.....	120	38	23	7	188

Ice Cream Manufacturers.....	12
Ice Cream Vendors.....	181
Number of Visits made to Ice Cream Premises.....	148

HOUSING (SLUM CLEARANCE)

It is with deep regret that I have to state that I have been unable to carry out any surveys with regard to proposed improvement areas owing to the fact that we have been the whole year without one of the district public health inspectors and this situation will not improve until this post has been filled. There is still tremendous scope throughout the borough if only we had the time available to devote to this most important work of the department. There is no substitute for personal contact with owners when dealing with the question of grants, many people just do not understand what is available to them and how generous the grants now are. This work is very rewarding particularly when one realises what has happened within the past two years in the old town itself where one can see that many properties have now been modernised and I feel sure this trend will gather further impetus in the near future and should go a considerable way towards preserving the buildings which are at present unoccupied and unused.

HOUSING

STATISTICS

Total number of houses in the Borough	11,240
Houses erected during the year by:	
Local Authority	33
Private Enterprise	81
Flats erected during the year by:	
Local Authority	40
Private Enterprise	4
Houses in course of erection at end of the year:	
Local Authority	30
Private Enterprise	42
Flats in course of erection at end of the year:	
Local Authority	68
Private Enterprise	—
Flats provided by conversion:	
Properties converted	8
Resulting units	21
Total number of dwellings with pail closets	4
Total number of dustbins in the Borough	14,463
Total number of applicants for Council Houses at end of year	799

SUMMARY OF HOUSING VISITS

Section 9 Inspections (Houses repairable at reasonable expense)	5
Section 16 Closing or Demolition Order Inspections (Individual unfit houses)	9
Clearance Area Inspections (Housing Consolidated Regulations)	45
Overcrowding Inspections	4
Improvement Grants (Determination of life and state of property)	144
Disrepair Certificate Inspections	—
Multi-occupied House Inspections	322
Re-inspections (all types above)	177
Public Health Acts Inspections (Sections 39, 45, 93, etc.)	194
Public Health Acts (Re-inspections)	113
Qualification Certificate Inspections	65
Total	1,078

TABLE I

Individual Unfit Houses

Number of Houses Demolished	Closing Orders	Demolition Orders	Undertakings given under Section 16 of the Housing Act 1957
—	—	2	—

TABLE II

Demolition of Houses

Total number of houses demolished during the year:	
Houses in Clearance Areas	—
Houses subject to Demolition Orders	—
As result of informal action	—
Total	—

Amenities provided by Standard Grants during the year

Fixed baths	3
Hot water supply	2
Food stores	—
Wash hand basins	3
Water closets	2

Amounts paid in Grants

Standard Grants:	
Total number	4
Average grant per house	£107
Total amount paid in grants	£430
Discretionary Grants:	
Total number	37
Average grant per house	£253
Total amount paid in grants	£9,367

Housing Act 1961 (Houses in Multiple Occupation)

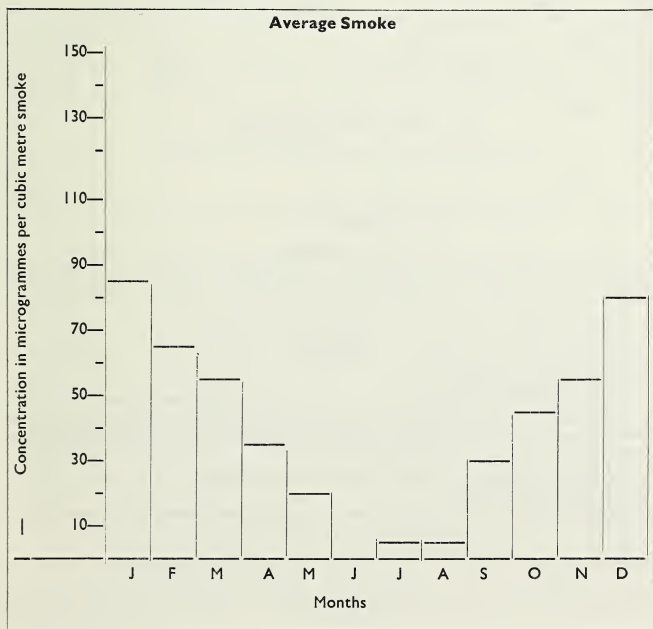
Several hundred visits were made during the year to flats and once again I have to report that we are getting the fullest co-operation from the respective owners. Many improvement works have been completed and a high standard has been maintained throughout the town. We do, of course, like anyone else, have a few black sheep and we do take all the necessary action in such cases as they do let everyone else down. The Flat Owners Association are very alive to the need to maintain high standards at premises owned by their members and we do appreciate the fact that they do their best to meet our requirements and work with us wherever possible. This is much appreciated by my own staff and it makes their job that much easier to carry out.

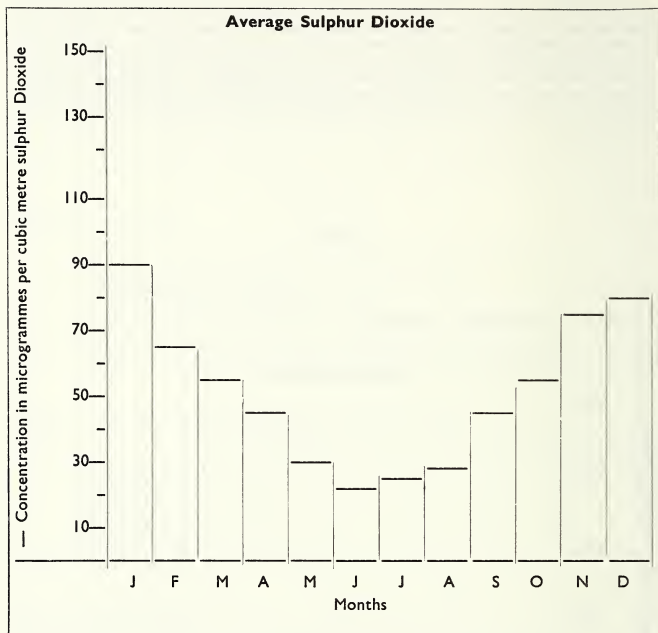
ATMOSPHERIC POLLUTION

Once again I have to report that we have made no progress in the field of smoke control areas and this again is entirely due to the fact that we have not had staff available. The burning of refuse at the rear of domestic premises is ceasing to be a problem and we are now finding that more and more people are purchasing paper sacks from the refuse collection teams and disposing of their garden refuse in this manner which is far more desirable than having their own private little bonfire. Speaking of the future I hope to proceed with the introduction of smoke control areas at the earliest opportunity as I feel sure that there is a need and a demand for cleaner air in all the residential areas in the town.

TABLE I

CLEAN AIR VOLUMETRIC ANALYSIS





WATER

Examining Laboratories

Public Health Laboratory, Hull

The Northern Analysts, Hull

The Public Health Laboratory is used by the Health Department for Bacteriological Examinations. The presence of Free Chlorine in Chlorinated Water is carried out by my own staff.

In addition to the above, regular samples of water are taken by the East Yorkshire (Wolds Area) Water Board.

There have been no complaints regarding the quality or quantity of water within the Borough.

SAMPLING

PRIVATE SUPPLIES				
RAW WATER				
Bacteriological Examination Report				
No. Exam.	Excel.	Satis.	Suspic.	Unsatis.
—	—	—	—	—

Total number of samples taken: — NIL

EXAMINATION OF WATER FROM SWIMMING POOLS						
CHLORINATED WATER						
Bacteriological Examination Report				Chemical Examination for Free Chlorine		
No. Exam.	Satis.	Suspic.	Unsatis.	No. Exam.	Present	Absent
54	52	—	2	54	54	—

Total number of samples taken: 108

Average Free Chlorine content: .31 parts per million

SCHOOLS

Following numerous representations from the Health Committee to the County Education Committee an undertaking was received from them that some indoor sanitary accommodation would be provided at Moorfield and Burlington Infants and Junior Schools. The proposals as outlined by the County Council in this respect have always been from my point of view totally unacceptable and out of date in conception and having seen the type of provision which has now been made at the schools in question I am appalled at the logic and thinking of the Education Committee for the accommodation which has been provided. There is a rural atmosphere in the type of sanitary accommodation provided in that the W.C. compartments resemble nothing more than cattle pens and they ventilate and open directly onto a cloakroom which is connected directly to an open passageway which to say the least is shocking. The floors in these compartments have been surfaced with thermoplastic tiles and already in certain instances these tiles are lifting and are giving rise to odour problems which quite frankly one must expect when you are providing facilities as poor as the ones which the schools now have. It seems to me rather ironical that the County Council, as planning authority, have authorised this kind of work to be carried out when in other parts of the town they refer to areas which need to be protected and they go to great lengths to determine what types of windows are to be fitted, when in buildings under their own control they provide facilities which would not be acceptable in premises elsewhere in the town. Putting it crudely the whole effect can best be described as a botched up job reminiscent of 19th Century thinking on this subject. The facilities in my opinion are totally inadequate and the only sensible thing for the County Education Committee to do is to start again and provide all the facilities as previously indicated in the report to the Education Committee.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Despite staff shortages we have been able to maintain regular inspections to all types of premises and as the Table indicates we have done slightly better with regard to the number of registered premises which received general inspections during the year.

Registration and General Inspections

Class of Premises	Number of premises registered during the year	Total number of registered premises at end of the year	Number of registered premises receiving general inspection during the year
Offices	1	121	4
Retail Shops	7	309	84
Wholesale shops, warehouses	2	24	2
Catering establishments open to the public	5	94	67
Fuel storage depots	—	—	—
Total	15	548	157

Total number of visits of all kinds by Inspectors to registered premises under the Act—237.

FACTORIES

Inspections for purpose of provisions as to health

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	98	48	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	6	65	—	—
Total	109	116	—	—

Defects Found

Particulars (1)	Number of cases in which defects were found			Number of cases in which prosecutions were instituted (6)	
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)		By H.M. Inspector (5)
Want of cleanliness (S.1.).....	—	—	—	1	—
Inadequate Ventilation (S.4).....	—	—	—	1	—
Sanitary conveniences (S.7)					
Insufficient.....	—	—	—	—	—
Defective.....	—	—	—	—	—
Total.....	—	—	—	2	—

LICENSED CARAVAN CAMPS

Situation	Owner	Number of Caravans
Marton Road, Bridlington.....	Mr. W. Gatenby.....	282
Pinfold Street, Bridlington.....	Mr. B. and Mrs. J. Davis.....	20
Jewison Lane, Bridlington.....	Mr. J. L. Ireland.....	217
Lime Kiln Lane, Bridlington.....	Park Estates (Bridlington) Ltd.	400
Jewison Lane, Bridlington.....	Mrs. G. M. Pilling.....	60
Charity Farm, Sewerby.....	Mr. H. Lount.....	188
Marton Poultry Farm, Bridlington	Mr. J. Rowley.....	120
Total.....		1,287

Regular visits have been made to all the private caravan camps within the borough and I am pleased to state that the standard of management is quite satisfactory. Caravanning as such is becoming more and more popular for family holidays and it would appear that if the past season is anything to go by this trend is likely to continue for a long time to come and there is no doubt there will be a greater demand to introduce and enlarge existing caravan sites.

SOUTH CLIFF CARAVAN PARK

Further progress has been made on the Caravan Park road system and we are now in the happy position of having completed some two-thirds of the works envisaged and it is to be hoped that next year we shall be able to finalise the whole of the road programme on the camp. We also have been able to lay down more concrete bases and for the season 1971 there should be approximately 70/80 bases available for permanent sites. With the completion of the road programme in a year's time it should then be possible for us to be able to lay down somewhere in the order of 100 concrete bases per annum which would certainly be welcomed by all the people using the site as we are now getting numerous requests asking for concrete bases. There is no doubt whatsoever that in

those areas where these bases have been fixed there is a considerable improvement and the whole area has been tidied up and is very much appreciated by people on the site who formerly found it very difficult to keep the area underneath caravans tidy when they were sited on grass. Perhaps the most significant item of work carried out during the latter end of the year was the commencement of the improvement to the whole of the fire-fighting facilities which are installed on the site. In conjunction with the East Riding County Council Fire Prevention Department a full survey was carried out on the whole of our site and the Authority submitted a list of recommendations which should be carried out if the site was to comply to their full standards. This work entailed the laying of new water mains and the fitting of hydrants and I am pleased to say that we should be in the happy position of completing the whole of the scheme prior to the commencement of the 1971 season whereby every caravan on the site will have more than adequate cover from a fire point of view.

Great effort has been made to improve the gardens and shrubberies on the park itself and I think whilst talking on this subject I should draw attention to the fact that the exposed position of the park makes it very difficult to grow many shrubs and trees which we would like to and the severe winter experienced two or three years ago has killed many of the trees. At the present time we are in the process of replacing all these trees and planting as much as money will allow which, I regret to say, is rather little having regard to the size of the area to cover. It is essential that more money must be spent in this direction if we are to maintain and improve the high standards which obtain on the camp for there is no doubt in my mind whatsoever that it is the good management of the site together with the very desirable layout which makes it the best site in the country which is run by a local authority. This position has been brought about by the foresight of the Health Committee and their desire to back me up when considering all these improvements and it is something which we should not lightly throw away, indeed I think we should endeavour to retain our position as a leading authority for providing this type of amenity.

Prior to the commencement of the season I did test several types and makes of mowing machines for grass cutting on the Caravan Park and from these tests I came to the conclusion that there was only one machine which was suitable for this type of work and that such a machine was the Ransome Triple standard machine which in itself is a very versatile machine and is very manoeuvrable and more than capable of negotiating all the awkward corners and turns which are presented by caravans which are sited adjacent to areas where there are extensive shrubberies and gardens. As of yet the Vehicles Sub-Committee have not agreed to the purchase of this equipment but I feel sure that whether the grass is cut by the Parks Department or my own staff there is a cast iron case for this type of grass cutting unit on the site. The present situation whereby we have a large machine cutting the open areas leaving my own staff to mow those areas which cannot be covered is to say the least ludicrous and what is more is very much a time-wasting operation when time to my men is so vital because of the numerous other jobs which they are expected to carry out during each day on seven days a week. I do not think it is generally realised that my men on this site do operate the services on seven days a week and owing to the need to ensure coverage at all times there are only two men looking after the whole of this site on many days, and when it is realised there are nine ablution blocks together with the main block which have to be cleaned at least twice a day it should be realised that there is a vast amount of work to be done. This is without taking account of the need for someone to be always readily available at the office for the sale of gas and other requisites required by the people on the site and the need to maintain the gardens in a good condition. Personally I think that the men on the Caravan Park do an excellent job and get very little recognition for the good work which they carry out year after year.

The launderette facilities have once again been used to the full and I feel that before very long we shall have to replace the existing machine with a much larger one and possibly an additional one owing to the demands which are now being made during the peak periods. The waiting list for sites on the South Cliff Caravan Park gets longer each year and I am very pleased that we are in this happy position. I feel that we can only remain in this state so long as we continue to plough back a reasonable amount of money in order that we can carry on with the improvements which we have in the pipeline and maintain a high degree of management and efficiency not forgetting that we have set a very high standard and having set that standard we should never lapse into the idea that people will continue to want to come to our site if we reduce those standards.

It would in my opinion be an act of folly to lower the standards on this site and it is something which I am totally opposed to because it will ruin a facility which has become one of the finest assets a local authority could have. The Chairman and the whole of the Committee are determined that these standards should remain and I would invite anyone who is interested to visit the site if only to see how well it is maintained and how popular it is with all the visitors who come regularly year after year.

ORGANISED CAMPING

During the year we had many visits from organised campers and in the main they came from youth movements from all over the north of England and Scotland and the site I am glad to say is as popular as ever it was. Unfortunately owing to financial stringencies we have been unable to make any progress at all with regard to the provision of a small ablution block, however I shall be bringing forward a scheme towards the end of 1971 with the hope that it will be approved and accepted with a view to having this facility available during the 1972 season. The need to provide an ablution block can be borne out by the fact that at the present time we are having to use Elsan chemical closets which are sited throughout the camping area and these units require that the gully emptier has to make regular visits during the time organisations are using the site. The provision of such an ablution block would of course require that it was connected to the drainage system which would make for a tidying up of the site and also from a hygiene point of view we would be raising the standards enormously.

